REQUEST FOR WAIVER/EXTENSION OF CONTINUING EDUCATION FOR MARRIAGE AND FAMILY THERAPIST LICENSE RENEWAL

LICENSEE INFORMATION					
License No:		License Expiration Date:		Request (check one):	
				Waiver	Extension of Time
Licensee Name: First	Name	Middle Name/Initia	ıl	Last Name	
Mailing Address:					City:
State:		Zip Code:	Cou	inty:	Daytime Contact Number:
Explanation of Waiver or Extension Request. Health related waivers or extensions must be supported by a					
statement from your primary physician explaining the nature of your illness, length of illness, and expected					
time for recovery. (Attach Additional Sheets if Necessary):					
1					
I.		. hereby	reau	est a waiver of co	ntinuing education
(Print Name)					
requirements or an extension of time to complete the continuing education requirements. I attest that					
my license is currently active and in good standing with the Board. I affirm to the Board that I have read					
the aforementioned requirements for requesting a waiver of continuing education and extension of time to					
complete continuing education.					
_					
	т.				D. (. C' 1
Licensee's Signature					Date Signed
FOR BOARD USE ONLY					
☐ Waiver appr	oved	☐ Waiver denied		☐ Extension approved	☐ Extension denied
T					
Board member signature Date					
Don't incline agracuit Date					

POST OFFICE BOX 4508, JACKSON, MS 39296-4508 • PHONE: 601-987-6806 • FAX: 601-987-6808

WWW.SWMFT.MS.GOV